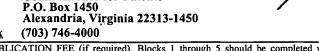
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10/011,867 12/05/2001 Clifton A. Alfemess 1931-7-3 5299  TITLE OF INVENTION: ANCHOR AND PULL MITRAL VALVE DEVICE AND METHOD  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$685 \$300 \$985 02/28/2005  EXAMINER ART UNIT CLASS-SUBCLASS  CHATTOPADHYAY, URMI 3738 623-00/2370  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363).  Change of correspondence address or indication of "Fee Address" (10) the names of up to 3 registered patent attorneys agents OR, alternatively, (2) the name of a single firm (waring as a member a required.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been 1 recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Car dia C D IMPUNSIONS MC.  Please check the appropriate assignee category or categories (will not be printed on the patent): individual **Corporation or other private group entity   Gov. Advance Order - # of Copies   O			ATEL	Diana		(Depositor's name
APPLICATION NO.   FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO.   CONFIRMATION 10/011,867   12/05/2001   Clifton A. Alferness   1931-7-3   5299    TITLE OF INVENTION: ANCHOR AND PULL MITRAL VALVE DEVICE AND METHOD  APPLN. TYPE   SMALL ENTITY   ISSUE FEE   PUBLICATION FEE   TOTAL FEE(S) DUE   DATE DUE   nonprovisional   YES   \$685   \$300   \$985   02/28/2005    EXAMINER   ART UNIT   CLASS-SUBCLASS   CHATTOPADHYAY, URMI   3738   623-002370    I. Change of correspondence address or indication of "Fee Address" and catalogue of correspondence address (or Change of Correspondence Address from PTO/SB1/22) attached.   Piece Address' Indication form PTO/SB1/27 Rev 03-02 or more recent) attached. Use of a Customer Number is required.   2 registered patent attorneys or agents. If no name is listed, no name will be printed.   2 registered patent attorneys or agents. If no name is 18 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 18 required.   2 registered patent attorneys or agent attorneys or agent attorneys or agents. If no name is 18 registered attorney or agent attorneys o				E) Lia	na Corte	(Signature)
10/011,867   12/05/2001   Clifton A. Alferness   1931-7-3   5299			MIEWA	Feb	28 2000	(Date
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$685 \$300 \$985 02/28/2005  EXAMINER ART UNIT CLASS-SUBCLASS  CHATTOPADHYAY, URMI 3738 623-002370  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address' indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been in recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gove Advance Order - # of Copies	APPLICATION NO.	FILING DATE	FIRST NAM	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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CHATTOPADHYAY, URMI  3738 623-002370  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been a recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Cardiac Dimensions (will not be printed on the patent):  Individual Corporation or other private group entity Gove 4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  Phayment by credit card. Form PTO-2038 is attached.  Phayment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayn Deposit Account Number 23-24-15-56 (enclose an extra copy of this form).			<u> </u>		703	02/20/2003
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).    Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.   "Fee Address from indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been of recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)    Cardiac   Dimensions   Coordinary					_	
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(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Cardiac Dimensions Inc.  Please check the appropriate assignee category or categories (will not be printed on the patent): individual Corporation or other private group entity Gove  4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayn Deposit Account Number 3:2415 (enclose an extra copy of this form).	3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON THE PATE	ENT (print or type)		
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Please check the appropriate assignee category or categories (will not be printed on the patent):  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  1ssue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayn Deposit Account Number  5. Change in Entity Status (from status indicated above)	(A) NAME OF ASSIGN	EE ,	(B) RESIDE	NCE: (CITY and STATE OR C	OUNTRY)	
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Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)	Publication Fee (No s	mall entity discount permitte	d) Payme			
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Authorized Signature	Authorized Signature	Shin		Date	2/28/05	
Typed or printed name Sheldon K. Lee Registration No. 53, 197		Shaldon	K 1 00		F2 107	

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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